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BIBDATASHEET

CONFIRMATION NO. 4902

Bib Data Sheet

SERIAL NUMBER 09/665,018	FILING OR 371(c) DATE 09/19/2000 RULE	CLASS 726	GROUP ART UNIT 2136	ATTORNEY DOCKET NO. 05456.105007
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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 11/14/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 3	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

VULNERABILITY ASSESSMENT AND AUTHENTICATION OF A COMPUTER BY A LOCAL SCANNER

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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